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L	P/	PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875										ess it displays availd OMB control number.		
-	CLAIMS AS FILED - PART I										17	20 76	7078	
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Г	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+ \$=		OR	+ \$	_	
.	If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		OR	TOTAL		
	CLAIMS AS AMENDED - PART II													
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	ADD't FEE  If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										OR	ADD'L FEE		
•••	If the "Highest Mu The "Highest Mu	umber Pre	reviously Pa	aid For" II	N THIS SI Stal or Ind	PACE is I ependen	ess than 20, eress than 3, ent	nter "2 er "3".	20".					

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.